

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Request for Continued Examination (RCE) Transmittal</b>		Application Number	10/079,929
<b>Address to:</b> <b>Mail Stop RCE</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>		Filing Date	February 19, 2002
		First Named Inventor	Sabina SPERANDIO
		Art Unit	1647
		Examiner Name	D. Gamett
		Attorney Docket Number	420052002700

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.**

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

<b>1. Submission required under 37 CFR 1.114</b>	Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).								
<p>a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.</p> <p>i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____</p> <p>ii. <input type="checkbox"/> Other _____</p>									
<p>b. <input checked="" type="checkbox"/> Enclosed</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">i. <input checked="" type="checkbox"/> Amendment/Reply (9 pages)</td> <td style="width: 30%;">iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) (3 pages)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Petition for Extension of Time (1 page) Power of Attorney and Correspondence Address Indication Form (2 pages) Statement Under 37 CFR 3.73(b) (1 page) Form PTO/SB/08A/B (1 page) Two (2) References</td> </tr> <tr> <td>ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)</td> <td>iv. <input type="checkbox"/> Other _____</td> </tr> </table>				i. <input checked="" type="checkbox"/> Amendment/Reply (9 pages)	iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) (3 pages)	<input type="checkbox"/>	Petition for Extension of Time (1 page) Power of Attorney and Correspondence Address Indication Form (2 pages) Statement Under 37 CFR 3.73(b) (1 page) Form PTO/SB/08A/B (1 page) Two (2) References	ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____
i. <input checked="" type="checkbox"/> Amendment/Reply (9 pages)	iii. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS) (3 pages)								
<input type="checkbox"/>	Petition for Extension of Time (1 page) Power of Attorney and Correspondence Address Indication Form (2 pages) Statement Under 37 CFR 3.73(b) (1 page) Form PTO/SB/08A/B (1 page) Two (2) References								
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)	iv. <input type="checkbox"/> Other _____								
<p><b>2. Miscellaneous</b></p> <p>a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)</p> <p>b. <input type="checkbox"/> Other _____</p>									
<p><b>3. Fees</b> The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.</p> <p>a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>03-1952</u> <span style="float: right;"><i>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</i></span></p> <p>i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e)</p> <p>ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17)</p> <p>iii. <input checked="" type="checkbox"/> Other <u>Claims in excess of 20</u></p> <p>b. <input type="checkbox"/> Check in the amount of \$ _____ enclosed</p> <p>c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)</p>									

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature	/Terri Shieh-Newton/	Date	October 31, 2007
Name (Print/Type)	Terri Shieh-Newton		
	Registration No.	47,081	